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Docket No. AMENDMENT TRANSMITTAL LETTER 105984-0775 Application No. Filing Date Examiner Art Unit May 20, 2000 N. C. Patel 2116 09/574,341-Conf. #8716 Nicholas A. Langrind, Jonathan D. Madsen, Joseph D. Kidder, Barbara A. Fox, and Applicant(s): Daniel J. Sullivan, Jr. Invention: POLICY BASED PROVISIONING OF NETWORK DEVICE RESOURCES TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number After Previously Extra Claims Amendment Present Rate Paid **Total Claims** 29 29 Х Independent 4 = Х Claims Multiple Dependent Claims (check if applicable) 510.00 Other fee (please specify): Extension for response within third month TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 510.00 x Small Entity Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. x A check in the amount of \$ 510.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: May 12, 2005 Reza/Mollaaghababa Attornéy Reg. No.: 43,810 NUTTER MCCLENNEN & FISH LLP World Trade Center West 155 Seaport Boulevard Boston, Massachusetts 02210-2604 Amendment Transmittal I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. (Reza Mollaaghababa) Signature: Dated: May 12, 2005

PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/574,341-					
FEE TRANSMITTAL				7 Application (Validae)		May 20, 2000			
·						Nicholas A. Langrind			
For FY 2005						N. C. Patel			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2		2116			
TOTAL AMOUNT OF PAYMENT (\$) 905.00						105984-0775			
METHOD OF PAYMEN	NT (check all th	at apply)							
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 141449 Deposit Account Name: Nutter McClennen & Fish LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARC									
		FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees I	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
The state of the s							180		
				Paid (\$) Multiple Dependent Claims		*			
x = x = Fee (\$) Fee Paid (\$)								<u>ภ</u>	
Indep. Claims									
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3. APPLICATION SIZE FE	E.	1100 1	c	(1 1' 1 A		1.4			
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sheets or fraction ther					ioi sinan c	inity) for each as	3011101101		
<u>Total Sheets</u>	Extra Sheets	Number		dditional 50 or fra			Fee	Paid (\$)	
- 100 = 4. OTHER FEE(S)		/50		(round up to a who	ole number)	x	Fees	Paid (\$)	
Non-English Specifica	tion, \$130 fee	(no small en	tity disc	ount)					
Other (e.g., late filing surcharge): 2253 Extension for response within third month 2801 Request for continued examination (RCE)							510.00		
	28	01 Request	for con	inued examina	tion (RCE)	39	95.00	
SUBMITTED BY	1	1							
Signature		100		Registration No. (Attorney/Agent) 43,810		Telephone	(617) 439-2000		
Name (Print/Type) Réza Mollaaghababa						Date	May 12, 2005		
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				ransmittal			E: 4.01		

I	Fee Transmittal							
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ı	Dated: May 12, 2005 Signature: (Reza Mollaaghababa)							
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